

Material and Methods: It is a nested case control study carried out from September 2007 to June 2008. All patients occupying an adult ICU wards bed over a 48-hour period. Cases were patients with ventilator acquired pneumonia and control were other patients. Total of 183 samples with simple randomized samples include endotracheal tube sent to Microbiology Laboratory of Be'sat Hospital. Epidemiologic information recorded in questionnaire. Data was analyzed with Chi² and Fisher Exact tests.

Results: Of 183 samples from adult ICU, 48 cases of VAP have been diagnosed among 149 admitted in our ICU. The incidence was 26.2% per 183 admitted patients and 32 per 100 ventilated patients. Risk of pneumonia in our study include: Mechanical Ventilation (OR: 1.55, CI: 1.37–1.74), previous Used antibiotic (OR: 8.92, CI: 1.16–66.66), Fever (OR: 3.11, CI: 1.22–7.93), Hospitalized of duration ($p=0.01$). Microorganisms responsible of VAP isolated from endotracheal tube were essentially Enterobacteriaceae (41%) with the head *Klebsiella* spp. 29 (15.8%). Duration of bed were 19.16 (11.84) days. Multivariate analysis (Logistic regression) confirmed the results of univariate analysis.

Conclusion: Our results suggest that the VAP is strongly related to an ICU stay and mechanical ventilation and previously used antibiotics. Measures for nosocomial infection control for decrease ICU stay and mechanical ventilation and avoidance of unnecessary antibiotic is necessary.

PP-036 CT feature analysis of fungal pneumonia

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Objective: To explore of fungal pneumonia clinical and imaging features to raise clinicians' awareness of the disease.

Methods: We analyses CT data for 32 cases of fungal pneumonia in our hospital from 2006 to September of 2008 and summarized CT features for those patients and followed up with CT after therapy with anti-fungus drugs.

Results: (1) All of 32 patients have risk factors such as suffering cancer, chronic lung disease, diabetes and accepting dialysis or long duration of antibiotics application. (2) From 32 cases, two cases were confirmed by bronchoscope biopsy and pathology; 20 cases were throat swab or sputum culture positive at least twice positive; 10 cases were negative of various microbiology tests, but, after anti-fungi therapy, clinical symptoms were improved and CT lung lesions were significantly absorbed. (3) Fungal pneumonia CT features: multiple small nodules, inflammatory exudative, halo sign and air-crescent sign type and mixed-type. (4) Relationship between CT feature and clinical sign is: patients with halo sign and air-crescent sign usually have severe clinical sign such as fever, chest pain and bloody sputum and pathogens are *Aspergillus* and other moulds; multiple nodules, inflammatory exudative type were found in patients with stable disease, clinical with fever, slight cough a small with little amount of sputum and if treated on time, clinical symptoms and image changes rapidly; interstitial pneumonia-type found in chronic bronchial disease and bed-ridden and vulnerable patients usually with presence of bacterial pneumonia, pathogens are usually bacteria and yeast *Candida albicans* positive at same time.

Conclusion: CT features of fungal pneumonia had no specific, but we can recognize early stage of the diseases by communication with clinicians to know if patients have high risk factors for the suspected cases; we should make differentiation diagnoses with bacterial pneumonia, interstitial pneumonia, tuberculosis and lung cancers.

PP-037 The prevalence of intestinal parasitic infections among mentally disabled children and adult of Urmia in 2007

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Introduction: Intestinal parasites including protozoa and nematodes can cause different clinical and symptoms in infected patients. Institutions where men live in groups with low of are a suitable environment for preservation and transmission of these infections. In this study, prevalence of intestinal parasites infection in mental retarded institutions of Urmia city investigated.

Materials and methods: This descriptive cross-sectional study was carried out in mental retarded institutions of Urmia city. 225 fecal samples of less than 29 years old mental retarded individuals were examined by using direct smear, formalin-ether concentration and scotch tape.

Results: Of 225 mentally retarded persons, 118 (52/4%) and 107 (47/6%) were women and men. The overall prevalence of infection was 20/5% and that of male, and female were 9/7% and 10/6%. 39 (17/3%) of infected individuals had protozoa infection and 7 (3/1%) helminth including *Enterobius vermicularis*. The infection rate of detected intestinal parasite was: *Entamoeba coli* (33/3%), *Giardia Lambelia* (21/5%), *Iodoamoeba butschlii* (20%), *Blastocystis hominis* (12/3%), *Enterobius vermicularis* (10/8%), *Entamoeba histolytica* (1/6%).

Of 46 infected persons, 2 (4%) in persons aged 1–5; 11 (46%) in persons 5–14; 6 (13%) in Persons aged 14–18; 17 (37%) in persons aged >18 years.

Of 44 infected persons, 15 (34%) IQ < 25, 15 (34%) IQ 50–75, 12 (27/2%) IQ 25–50, 2 (4/5%) IQ 75–90.

Conclusion: According to these findings, attention to suitable procedures in order to control and treatment in these institutions is necessary.

PP-038 Seroprevalence of human toxoplasmosis in blood donors at Khon Kaen

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Toxoplasmosis is the disease caused by *Toxoplasmosis gondii* which transmitted from cat or trans-placenta or contaminated form blood and blood components. As we known, Toxoplasmosis sometimes found in patient's with HIV infection. The prevalence of Toxoplasmosis in Thai healthy donor is still not known because of patients are not routinely screened for toxoplasmosis. This study, we intend to explore the data-collection in healthy Thai donors for assessing risk factors in their blood. From June to October 2004, serum of 200 blood donors in Khon Kaen province, Thailand were screened by immuno-fluorescence technique. The results showed that mean age was 28 years, most of subjects in this study were men (64%). The prevalence of toxoplasmosis was 2.5% (5/200). This project will continue to offer the health service staffs emphasized on asking the donors for their history before they donated blood.